Thomas, Colleen

From:

Thomas, Colleen

Sent:

Tuesday, March 08, 2016 4:44 PM

To:

'Rhonda Taylor'

Subject:

Acknowledgement of RCRA Subtitle C Site Identification Form

Attachments:

HF Chlor-Alkali LLC Site Info Verification Rpt.pdf

OFFICIAL NOTIFICATION

March 8, 2016

Ms. Rhonda Taylor QA/Compliance Coordinator HF Chlor-Alkali, LLC 1194 720th Ave Eddyville, IA 52553

Dear Ms. Taylor:

RE:

HF Chlor-Alkali, LLC

Eddyville, Iowa

EPA RCRA ID No: IAR000520817

This is to acknowledge that you have filed a subsequent RCRA Subtitle C Site Identification Form for the installation indicated above to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA).

We have made changes to our database based on the information you provided. To assist us in keeping our database current, please review the attached Hazardous Waste Site Verification Info Report (Report). If changes to the information are necessary, please print the Report and make any changes directly on the document, sign and date the corrected Report and return it to me, at the address indicated below, within thirty (30) days. If the information is correct, there is no need to return the report to me.

Please reply to this e-mail to verify you have received this notification. Remember to print a copy of the attached Report and the e-mail and keep them for your records. Your cooperation is appreciated.

Sincerely,

RCRA



Elizabeth Koesterer Waste Enforcement & Materials Management Branch Air and Waste Management Division EPA Region 7 11201 Renner Boulevard Lenexa, KS 66219

Attachment

Letter prepared by:
Colleen Thomas
Saicon Consultants, Inc.
Contractor @ EPA Region 7
11201 Renner Blvd
Lenexa, KS 66219

P: 913-551-7182 F: 913-551-9182

Hazardous Waste Site Info Verification Report March 8, 2016

The information summarized below has been entered into EPA's RCRA Computer Data Base for the location and EPA RCRA Identification Number listed. If any of this information is inaccurate or changed, you may notify us by writing to us, completing a RCRA Subtitle C Site Identification Form (any of EPA Forms 8700-12, 13A/B, or 23), or simply marking any changes on this report and sending it to the address below. Please return this form ONLY to notify us of changes or errors. Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call (913)551-7958.

EPA Region 7 - AWMD/WEMM 11201 Renner Blvd Lenexa, KS 66219

EPA RCRA ID Number:

IAR000520817

Name of Company/Site:

HF CHLOR-ALKALI LLC

Location of Site:

1194 720TH AVE

EDDYVILLE, IA 52553

MONROE County

Land Type:

Private

NAICS:

325180 - OTHER BASIC INORGANIC CHEMICAL MANUFACTURING

Mailing Address:

PO BOX 489

EDDYVILLE, IA 52553

Site Contact:

RHONDA S TAYLOR

Job Title:

QA/COMPLIANCE COORDINATOR

Address:

1194 720TH AVE

Email:

RSTAYLOR@HFCHLORALKALI.COM

Phone Number:

641-969-4115 7205

Current Owner of Site:

TIM HARRIS 09/01/13

EDDYVILLE, IA 52553

Phone Number:

317-591-0000

Owner Type:

Private

Current Operator of Site:

JIM FORD 11/01/15

Operator Type:

Private

TYPE(S) OF REGULATED ACTIVITY:

Federal Small Quantity Generator

Hazardous Wastes Handled:

D002

CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Offical Title(Print)

Date Signed

Hazardous Waste Site Info Verification Report March 8, 2016

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EPA Region 7 - AWMD/WEMM 11201 Renner Blvd Lenexa, KS 66219

IAR000520817

1st N 10/22/15 N 02/29/16 2

Certified by Notification

on 02/29/16 by JIM FORD 02/24/16 OPERATIONS MANAGER

CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Offical Title(Print)

Date Signed